

FILED JAN 3 1944
Registration District No. **134**

Primary Registration District No. **2001**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days**
(Specify whether years, months or days)

In this community **1 week**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**

(c) City or town **Spurgeon**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRENT FULL NAME **Hattie Jane Thomas**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **F**

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Charley Thomas**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **August 7, 1893**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	4	5	hr. _____ min.

9. Birthplace **Newton county Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Allen Walden**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Webb**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charley Thomas**

(b) Address **Spurgeon, Missouri**

17. (a) **burial** (b) Date thereof **12/15/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parkway Cemetery**

18. (a) Signature of funeral director **PARKER-HUNSAKER**

(b) Address **1502 Joplin, Joplin, Mo.**

19. (a) **12-15-43** (b) **Quintus Busholte**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **12**
year **1943** hour **11** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec 1**
43, 19____, to **Dec. 12**, 19____
that I last saw **as** alive on **12-12-43**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac-vascular disease with mitral insufficiency**

Due to _____

Due to _____

Other conditions **930**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration **5 yrs?**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature **Ch. Spurgeon** (M. D. or other) _____
Address **1502 Joplin Mo** Date signed _____

43-12-1027

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

P. O. Address. *Joplin Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.